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CONFIRMATION NO. 9079

<b>SERIAL NUMBER</b> 10/667,482	<b>FILING OR 371(c) DATE</b> 09/23/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 4865-62
<b>APPLICANTS</b> Claudio Cavazza, Roma, ITALY;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/019,545 01/03/2002 PAT 6,653,349 which is a 371 of PCT/IT00/00313 07/25/2000				
<b>** FOREIGN APPLICATIONS *****</b> ITALY RM99A000483 07/28/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/12/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 20311				
<b>TITLE</b> COMPOSITION FOR THE PREVENTION AND TREATMENT OF KIDNEY DYSFUNCTIONS AND DISEASES				
<b>FILING FEE RECEIVED</b> 3852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	